

STATE OF MICHIGAN JUDICIAL CIRCUIT COURT COUNTY	AFFIDAVIT TO ACCOMPANY PETITION FOR TRANSPORT AND/OR TEMPORARY DETENTION	CASE NO.
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In the matter of _____

1. I believe _____ to be a carrier of
Name (type or print)

_____ because of the following facts:
specify infectious agent or serious communicable disease or infection

2. I believe the individual is a health threat to others because of the following facts: _____

3. The individual requires the following services at an emergency care or treatment facility: _____

☐ 4. An emergency order is necessary because of the following facts: _____

Date

Affiant's signature

Address

Name (type or print)

City, state, zip Telephone no.

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Signature: _____
Date Notary public

Do not write below this line - For court use only